						ON OF HEALTH - STANDARD CERTIFICATE OF DEATH	1400	۱۸		ı			
		TME	NTO	F PUI		HEALTH AND WELFARE  Primary Registration District No	0.799	STATE FILE	NUMBER				
DO NOT WE ON THIS ST	NTE UB	AMENDED			<u> </u>	THE DIANTS 1985							
VS 300		<u></u> 요	1 1		1.	PLACE OF DEATH  a. COUNTY  JACKSON  2. USUAL RESIDENCE (Where description of the country of the			n: Residence b admissio				
Rev. 4/5	9	AMENDED				b. CfTY (If outside corporate limits, give TOWNSHIP only)  CR  Length of stay in 1b  C. CfTY  OR			Inside Li	imits			
1		¥ l	11			TOWN KANSAS CITY 1 day TOWN LAWSON			Yes 🔲 N				
		Œ/				HOSPITAL OR ADDRESS	If cutside, gi	ive location)	Reside on				
2089H	0+	DATE				INSTITUTION V A HOSPITAL			Yes D	No □			
3			$\top$	7	3.	NAME OF DECEASED First Middle Last 4. DATE (Type or print) OF	Mont	h Day	Ye	ear			
4 <b>O</b>					_	JAMES MONROE TEEGARDEN DEATH	Janua	ry 3. 1	965 AR IF UNDER	D 04 14			
<del></del>	—					Wildwed D Divorced D	i birinday)	Months Day		Min.			
5	_					Male Widowed Divorced 5.8.93 71  USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state	or country)	12. CITIZEN C	DE WHAT COU	INTRY			
6	S.		11		1	during most of working life, even if ratired)	J						
7 \land	<b></b>			!	136		NAME OF HI	U.S.A. USBAND OR WI	FE				
8 1	<u> </u> .					Isaac Teegarden Ellen McCubbins		egarden					
					15. (Yo			, wife,	same a	dd.			
2527	]] #				_	, no, or unknown) (If yes, give wer or dates of service) Yes WWI VA Hospital Offs	cial R	ecords,	K.C. MO	Q IWEEN			
10	<			E I		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH, WAS CAUSED BY:			ONSET AND D	DEATH			
11		٦ ا		OCUM		IMMEDIATE CAUSE (a) Purulent bronchitis							
	Š	Α	11	ğ		Conditions, if any, DUE TO (b) Pulmonary emphysema and fibrosis, b	47.4						
1276-1	0 2	INSTEAD				which gave rise to above cause (a),	TTHEET	ar_					
13	NO E	길	++	┨		stating the under- lying cause last.   DUE TO (c)							
	—,⊼		.		<b>Z</b> [	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal			l was femal	le w 90 day			
					일	disease condition given in PART I (a)	PART II	I. If deceased there a preg	nancy in last 9				
	တ				CATIO	disease condition given in PART I (a)	PART II	there a preg	nancy In last 9	Juknow			
	တ				CERTIFICATION	disease condition given in PART I (a)  19. WAS AUTOPSY PERFORMED? YES 20 - NO		there a preg	No U				
y C	ENDMENTS				- T. F	19 WAS ALITOPSY 1 20% ACCIDENT SUICIDE HOMICIDE 20% DESCRIBE HOW INJURY OCCURRED. (Enter nature		there a preg	No U				
K INK	AMENDMENTS				MEDICAL CERTIFICATIO	19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature PERFORMED?		there a preg	nancy In lest 5				
-	AMENDMENTS	EAD			- T. F	19. WAS AUTOPSY PERFORMED? YES 30 - NO	of injury in I	there a preg	nancy In lest 5	.)			
-	AMENDMENTS	DREAD			- T. F	19. WAS AUTOPSY PERFORMED? YES 30 - NO	of injury in I	There a preg	nancy In less 9	TATE			
-	AMENDMENTS			J.F	- T. F	19. WAS AUTOPSY PERFORMED? YES 20 - NO   20a. ACCIDENT SUICIDE HOMICIDE   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature INJURY S. M. p.m.  20d. INJURY OCCURRED   20a. ACCIDENT SUICIDE HOMICIDE   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature Injury OCCURRED.)  20d. INJURY OCCURRED   20a. ACCIDENT SUICIDE HOMICIDE   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature Injury OCCURRED.)  20d. INJURY OCCURRED   20a. ACCIDENT SUICIDE HOMICIDE   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature Injury OCCURRED.)  20d. INJURY OCCURRED   20a. ACCIDENT SUICIDE HOMICIDE   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature Injury OCCURRED.)  20d. INJURY OCCURRED   20a. ACCIDENT SUICIDE HOMICIDE   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature Injury OCCURRED.)  20d. INJURY OCCURRED   20a. ACCIDENT SUICIDE HOMICIDE   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature Injury OCCURRED.)  20d. INJURY OCCURRED   20a. ACCIDENT SUICIDE HOMICIDE   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature Injury OCCURRED.)  20d. INJURY OCCURRED   20a. ACCIDENT SUICIDE HOMICIDE   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature Injury OCCURRED.)  20d. INJURY OCCURRED   20a. ACCIDENT SUICIDE HOMICIDE   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature Injury OCCURRED.)  20d. INJURY OCCURRED   20a. ACCIDENT SUICIDE HOMICIDE   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature Injury OCCURRED.)  20d. INJURY OCCURRED   20a. ACCIDENT SUICIDE HOMICIDE   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature Injury OCCURRED.)  20d. INJURY OCCURRED   20a. ACCIDENT SUICIDE HOMICIDE   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature Injury OCCURRED.)  20d. INJURY OCCURRED   20a. ACCIDENT SUICIDE HOMICIDE   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature Injury OCCURRED.)  20d. INJURY OCCURRED   20a. ACCIDENT SUICIDE HOMICIDE   20a. ACCIDENT SUICIDE SUICID	of injury in I	There a preg	nancy In less 9	TATE			
USE BLACK INK OR TYPEWRITER PIBRON	AMENDMENTS	SHOULD READ		/IT OF	MEDICAL	19. WAS AUTOPSY PERFORMED? YES 20 - NO	of injury in I	PART I or PART  COUNTY	nancy in last 9 No U II of item 18,	TATE  I.  SIGNE			
-	AMENDE	SHOULD		-√A VIT	MEDICAL	19. WAS AUTOPSY PERFORMED? YES 30 - NO   20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature PERFORMED? YES 30 - NO   20c. TIME OF How Month, Day, Year INJURY occurred a.m. p.m.  20d. INJURY OCCURRED WHILE AT WORK   20e. PLACE OF INJURY (e.g., in or about home, NOT WHILE AT WORK   15mm, factory, street, office bldg., etc.)  21. Visitended the deceased from January 2, 1965, to January 3, 1965 EMPORYSTALES  22a. SIGNATURE Death occurred at 22b. ADDRESS  WA HOSDITAL KAMBURIAL, CREMATION, 23b. DATE  23d. COPNION	of injury in I	PART I or PART  COUNTY	nancy in last 9 No U II of item 18,	TATE  I.  SIGNE			
-	AMENDE	NO. SHOULD		-√A VIT	WEDICAL MEDICAL	19. WAS AUTOPSY PERFORMED? YES 20 - NO   20a. ACCIDENT SUICIDE HOMICIDE   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature PERFORMED? YES 20 - NO   20c. TIME OF How Month, Day, Year INJURY a.m. p.m.  20d. INJURY OCCURRED A.m. p.m. 20d. INJURY OCCURRED Form How Month, Day, Year INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION farm, factory, street, office bidg., etc.)  21. VA HORDITAL STREET SIGNATURE  Death occurred at 3.30 Dm on the date stated above, and to the best 22a. SIGNATURE  Death occurred at 3.30 Dm on the date stated above, and to the best 22b. ADDRESS  WA HORDITAL KAN REMOVAL (Specify) 23b. DATE 25c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23d. LOCATIO	of injury in I	COUNTY  COUNTY  COUNTY	nancy in last 9 No U II of item 18,	TATE  I.  SIGNE			
-	AMENDE	SHOULD		 	WEDICAL MEDICAL	19. WAS AUTOPSY PERFORMED? YES 30 - NO   20a. ACCIDENT SUICIDE HOMICIDE   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature PERFORMED? YES 30 - NO     20c. TIME OF How Month, Day, Year INJURY a.m. p.m.  20d. INJURY OCCURRED WHILE AT WORK   20e. PLACE OF INJURY (e.g., in or about home, NOT WHILE AT WORK   120 farm, factory, street, office bidg., etc.)  21. VA strended the deceased from January 2, 1965, to January 3, 1965 semplars social part occurred et 22a. SIGNATURE Death occurred et 22b. ADDRESS  22b. ADDRESS  VA HOSD tal Kan REMOVAL (Specify) 23b. DATE 25c. NAME OF CEMETERY OR CREMATORY 23d. LOSA JONES	of injury in I	COUNTY  COUNTY  COUNTY	nancy in last 9 No U II of item 18,	TATE  I.  SIGNE			

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I hereby certify that the body whose name	is recorded on the reverse side of this certificate was embalmed by me,
or by	, Student Embalmer No
working under my personal supervision.	
Signature of Student Embalmer	Licensed Embalmer No. 4009

ರೇ ಚಾರ್ ಕ್ರಿಪ್ರಿಸಿಕೆಯಾದುದರಿಗಳು Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

, If this body is not embalmed, fact should be so stated above.